

## BROWN COUNTY HUMAN SERVICES

111 N. Jefferson Street  
P.O. Box 22188  
Green Bay, WI 54305-3600



Erik Pritzl, Executive Director

### MEETING OF THE HUMAN SERVICES BOARD

**Thursday, April 14, 2016**

**BROWN COUNTY HUMAN SERVICES-BOARD ROOM A**

**111 N. JEFFERSON STREET, GREEN BAY, WI 54311**

**5:15 P.M.**

### AGENDA

1. Call Meeting to Order.
2. Approve/Modify Agenda.
3. Approve Minutes of February 11, 2016 Human Services Board Meeting.
4. Executive Director's Report.
5. Presentation re: CTC Food and Nutrition Services.
6. Discussion – Proposal for Detoxification Services.
7. Discussion – Proposal for Day Report Center.
8. Administrator Report (CTC).
  - a. NPC Monthly Report.
9. Financial Report for Community Treatment Center and Community Programs.
10. \*Statistical Reports.
  - a. Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.
  - b. Monthly Inpatient Data – Bellin Psychiatric Center.
  - c. Child Protection – Child Abuse/Neglect Report.
  - d. Monthly Contract Update.
11. \*Request for New Non-Continuous Vendor.
12. \*Request for New Vendor Contract.
13. Other Matters.
14. Adjourn Business Meeting.

*\*Note: attached as written reports*

#### Notices:

Notice is hereby given that action by the Human Services Board may be taken on any of the items, which are described or listed in this agenda.

Please take notice that additional members of the Board of Supervisors may attend this meeting of the Human Services Board, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

Any person wishing to attend the Human Services Board meeting who, because of a disability, requires special accommodations, should contact the Human Services Department at (920) 448-6006 by 4:30 p.m. on the day before the meeting so that arrangements can be made.

## PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, February 11, 2016 in in Board Room A of the Sophie Beaumont Building – 111 North Jefferson Street, Green Bay, WI

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**Present:** Chairman Tom Lund  
Paula Laundrie, Bill Clancy, Susan Hyland, Carole Andrews, JoAnn Grashberger

**Excused:** Helen Smits, Craig Huxford

**Also**

**Present:** Erik Pritzl, Executive Director  
Luke Schubert, Hospital & Nursing Home Administrator  
Nancy Fennema, Director of Community Programs  
Eric Johnson, Finance Manager  
Paula Burkart, Payee Supervisor  
Child Protective Services Intern

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**1. Call Meeting to Order:**

The meeting was called to order by Chairman Lund at 5:15 pm.

**2. Approve/Modify Agenda:**

GRASCHBERGER/ANDREWS moved to approve the agenda.  
The motion was passed unanimously.

**3. Approve Minutes of January 14, 2016 Human Services Board Meeting:**

CLANCY/HYLAND moved to approve the minutes dated January 14, 2016.  
The motion was passed unanimously.

**4. Executive Director's Report:**

Executive Director Pritzl had submitted his report with the agenda. He went over some of the key items.

LAUNDRIE/HYLAND moved to receive and place on file.  
Motion was carried unanimously.

**5. Presentation re: Payee Services:**

Payee Supervisor Paula Burkart gave a Power Point presentation to the board (attached).

Q: County Board Member Clancy asked what prompted the need for Payee Services.

A: Burkart stated that the unit helps individuals who have other pressing issues (example: mental health) ensure that their basic bills are paid. Executive Pritzl stated it also helps prevent potential financial abuse.

Q: Citizen Board Member Laundrie asked Burkart to explain further about keeping money isolated so clients will not lose their benefits during MA reviews.

A: Burkart stated that we monitor clients' asset limits every month to ensure that they do not go over. Going over would risk losing Medicare or SSI benefits.

Q: Citizen Board Member Laundrie asked how individuals enter the program and how we become aware of those who need our services.

A: Burkart stated that a doctor needs to sign a form stating the individual is not capable to handle their finances. They would also need a doctor's signature to exit the program. We accept individuals referred by Brown County case managers or an MCO. Others we refer to a list of other agencies in the Green Bay area.

Q: Citizen Board Member Laundrie asked if there is a waiting list.

A: Burkart stated we had a waiting list for a long time but we currently do not have one. Individuals leave the program when they go through the process and become a payee, a family member becomes their payee, they no longer have services with Brown County or they pass away.

ANDREWS/LAUNDRIE moved to receive and place on file.

Motion was carried unanimously.

**6. Administrator Report (CTC):**

The NPC monthly report and the QAPI summary report were submitted with the board packet agenda. CTC Administrator Schubert highlighted parts of his report. He proposed the idea of bringing written reports quarterly to the board and looking at performance improvement projects monthly. He would have different staff members come to the board to present improvement processes. The board agreed.

GRASCHBERGER/ANDREWS moved to receive item 6a and place on file.

CLANCY/HYLAND moved to receive item 6b and place on file.

Motion was carried unanimously.

**7. Financial Report:**

Financial Manager Eric Johnson handed out the financial report (attached). He gave a year-end projection report for 2015 since there is not a new financial statement since November.

Q: County Board Member Clancy asked if Outagamie is having the same issues financially.

A: Executive Pritzl stated that although we have not seen their data, other directors have stated they have been seeing higher costs and more complex situations in their children and families area as well.

LAUNDRIE/HYLAND moved to receive and place on file.

Motion was carried unanimously.

**8. Statistical Reports:**

Please refer to the packet which includes this information.

ANDREWS/GRASCHBERGER moved to receive items 8 a-d and place on file.  
Motion was carried unanimously.

**9. Approval for New Non-Continuous Vendor:**

Please refer to the packet which includes this information.

ANDREWS/LAUNDRIE moved to receive item 9 and place on file.  
Motion was carried unanimously.

**10. Approval for New Vendor Contract:**

Please refer to the packet which includes this information.

ANDREWS/GRASCHBERGER moved to receive item 10 and place on file.  
Motion was carried unanimously.

**11. Other Matters:**

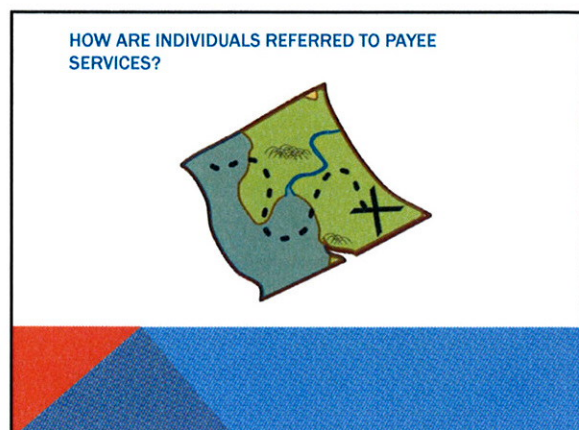
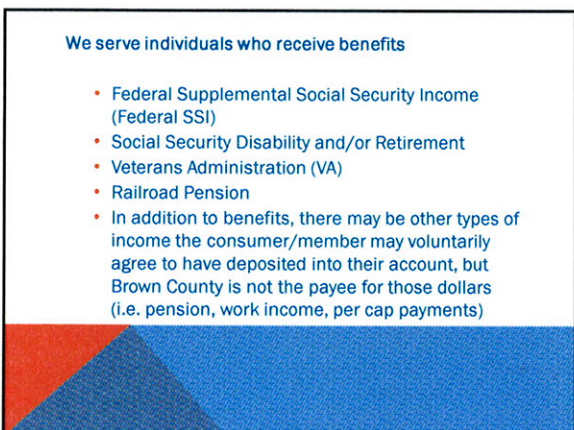
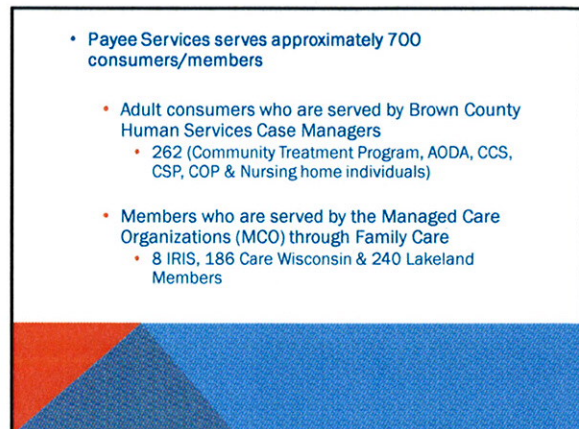
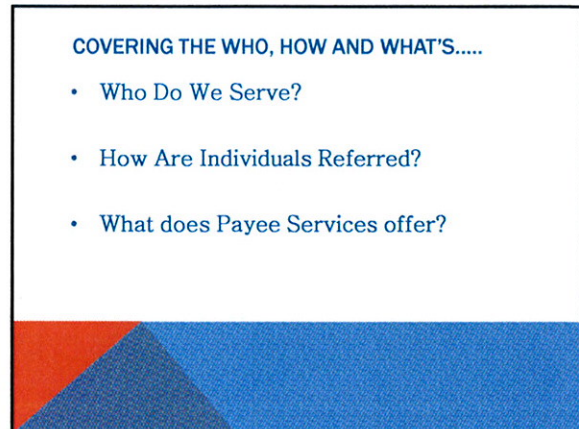
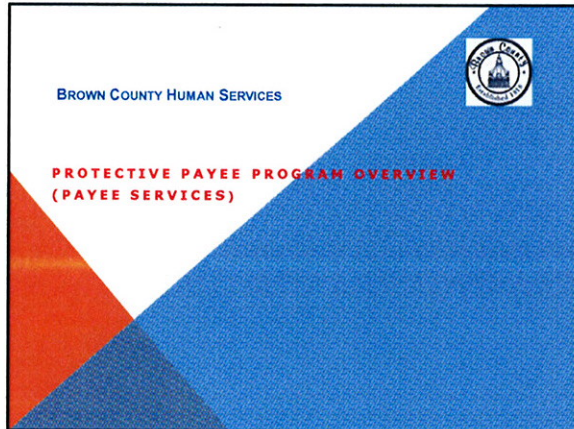
Next Meeting: Thursday, March 10, 2016  
5:15 p.m. – Community Treatment Center, Room 365

**12. Adjourn Business Meeting:**

CLANCY/HYLAND moved to adjourn; motion passed unanimously. Chairman Lund adjourned the meeting at 6:00 p.m.

Respectfully Submitted,

Kara Navin  
Office Manager





1. The Case/Care Manager contacts the Supervisor to give some details (consumer/member name, do they live independent or in a home, guardian/no guardian, etc.)
2. The Supervisor adds them to the referral list in order to track their status
3. A referral packet is sent out to the referring Case/Care Manager
  - The referral packet includes forms needed by the Social Security Administration and information needed by Payee Services
4. When the referral information is received by the Payee Supervisor, application is made to the benefit agency

#### WHAT SERVICES ARE OFFERED BY PAYEE SERVICES



#### INDEPENDENT CONSUMERS/MEMBERS

- A budget is created for each person when we receive benefits
- The Budget Counselor meets with the consumer/member/guardian to discuss the budget
- We pay their bills - some examples:
  - Rent or Room & Board
  - Utilities (heat, electric, phone, cable)
  - Medical Bills (Community Treatment Center, co-pays, dental bills, etc.)
  - Funds for End of Life to assist families financially so they may not be responsible

#### INDEPENDENT CONSUMERS/MEMBERS (CONT.)

- They are issued spending money
  - Individuals living independently receive money monthly, weekly or bi-weekly (depending on how well they can manage their spending)
- Budgets are reviewed at least annually (more frequently if there are changes to the budget. For example - a move)

#### CONSUMERS LIVING IN A COMMUNITY BASED RESIDENTIAL FACILITY (CBRF) OR ADULT FAMILY HOME (AFH)

- The Budget Counselor contacts the consumer/member/guardian when benefits arrive to discuss how their finances will be handled
  - Room & Board is paid for each person
  - They receive monthly spending
    - This amount may vary depending on their expenses and if they work

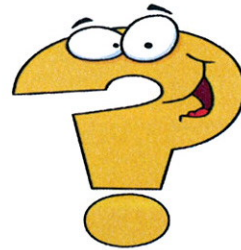
#### OTHER AREAS OF FOCUS

- We process Medical Assistance (MA) reviews
- We ensure they maintain their asset limits to keep their benefits (MA and Federal SSI)
- We save for future needs/wants

#### WHAT ARE WE LOOKING FORWARD TO?

- Completing the transition to an Alpha Case load split (this has been a very large undertaking, but we are almost there!)
  - This has involved cross training which is great for our unit
- On Line Banking

#### QUESTIONS





## BROWN COUNTY HUMAN SERVICES

111 N. Jefferson Street  
P.O. Box 22188  
Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6166

Erik Pritzl, Executive Director

To: Human Services Board, Human Services Committee

Date: February 5, 2016

Subject: 2015 financial projections for Community Programs and Community Treatment Center

Based on 11/30/15 YTD financial statements and a unit by unit analysis of expenses and revenues recorded as of that date, 2015 year end projections have been completed for Community Programs and the Community Treatment Center. Final results for 2015 are anticipated sometime in March.

During 2015 for Community Programs, monthly financial statements have been impacted by certain circumstances which significantly affected year-end projections:

- 1) Contractor invoices submitted too late for inclusion in month end accounting were not included as estimates because only actual invoices can be included in the state contract claiming process. Because of this, November month end statements include only ten monthly invoices for many providers instead of eleven. A new 2016 process is planned with separate estimate accounts.
- 2) As of 11/30 a number of programs had already claimed the maximum allowable 2015 contract amount from the state. Therefore, no further revenue will be recorded for these programs in December. In 2016 anticipated program revenues will be recognized equally over 12 months.
- 3) Just under three bi-weekly pay periods will be recorded in December for payroll and fringe benefits expense. This is an issue affecting all county departments which will be resolved beginning in January 2016 with a change to the Logos accounting system to allow partial pay periods to be recorded in two separate months.

Because of these impacts to both expense and revenue, year-end projections for 2015 show an unfavorable budget variance of approximately \$1.3 million (1.6% of budgeted expense) for Community Programs compared to November financial statements which looked roughly in line with budget. Some of the largest operational factors affecting annual results are: a) \$450K less WIMCR revenue than anticipated from the state, b) \$300K more expense than budgeted for placement of delinquent status offenders in special programs, and c) \$325K more than budget for foster home placements and other purchased services for abused & neglected children.

The 2015 Community Treatment Center projection shows an unfavorable variance of \$2.2 million compared to budget which was largely anticipated in November financial statements. This is due primarily to lower than anticipated CBRF and hospital census compared to budget and an unfavorable impact of approximately \$625K during 2015 related to a change in accounting for the allowance for uncollectible accounts which now more accurately reflects the collectible value of accounts receivable balances. CTC will also see nearly three bi-weekly pay periods recorded in December contributing to a higher unfavorable variance for the year.

Respectfully Submitted,

Eric Johnson  
Finance Manager





Brown County Human Services: Community Programs  
Financial Results & Annual Projection  
Based on 11/30/2015 YTD  
Updated 1/27/16

	Year to Date Actual				Annual Forecast			
	YTD Budget	YTD Actual	YTD Variance Fav (Unfav)	YTD Variance % Fav (Unfav)	Annual Budget	2015 Forecast	YTD Variance Fav (Unfav)	YTD Variance % Fav (Unfav)
<b>Totals After Admin Allocations:</b>								
<b>Administrative</b>								
Revenue - Unallocated	\$ 14,427,903	\$ 14,179,448	\$ (248,455)	-1.7%	\$ 15,739,530	\$ 15,656,291	\$ (83,240)	-0.5%
Expense - Unallocated	\$ 108,137	\$ 504,679	\$ (396,542)	-366.7%	\$ 117,968	\$ 614,570	\$ (496,602)	-421.0%
Net Revenue - Unallocated	\$ 14,319,766	\$ 13,674,769	\$ (644,997)	-4.5%	\$ 15,621,562	\$ 15,041,721	\$ (579,842)	-3.7%
<b>Economic Support</b>								
Revenue	\$ 4,825,792	\$ 5,262,076	\$ 436,284	9.0%	\$ 5,264,500	\$ 6,443,340	\$ 1,178,840	22.4%
Expense	\$ 5,429,914	\$ 6,058,592	\$ (628,679)	-11.6%	\$ 5,923,542	\$ 7,052,806	\$ (1,129,264)	-19.1%
Net Revenue (Deficit)	\$ (604,122)	\$ (796,516)	\$ (192,394)	-31.8%	\$ (659,042)	\$ (609,466)	\$ 49,576	7.5%
<b>Children Youth &amp; Families</b>								
Revenue	\$ 6,721,457	\$ 6,934,872	\$ 213,415	3.2%	\$ 7,332,499	\$ 7,489,474	\$ 156,975	2.1%
Expense	\$ 13,324,614	\$ 13,442,573	\$ (117,959)	-0.9%	\$ 14,535,943	\$ 15,322,538	\$ (786,595)	-5.4%
Net Revenue (Deficit)	\$ (6,603,157)	\$ (6,507,701)	\$ 95,456	1.4%	\$ (7,203,444)	\$ (7,833,064)	\$ (629,620)	-8.7%
<b>Birth to 3 Program</b>								
Revenue	\$ 438,403	\$ 644,165	\$ 205,762	46.9%	\$ 478,258	\$ 647,768	\$ 169,510	35.4%
Expense	\$ 1,003,849	\$ 1,062,911	\$ (59,062)	-5.9%	\$ 1,095,108	\$ 1,248,222	\$ (153,114)	-14.0%
Net Revenue (Deficit)	\$ (565,446)	\$ (418,746)	\$ 146,700	25.9%	\$ (616,850)	\$ (600,454)	\$ 16,396	2.7%
<b>Children's LT Support</b>								
Revenue	\$ 4,975,440	\$ 4,124,881	\$ (850,559)	-17.1%	\$ 5,427,753	\$ 4,839,450	\$ (588,303)	-10.8%
Expense	\$ 4,968,621	\$ 4,299,207	\$ 669,414	13.5%	\$ 5,420,314	\$ 5,055,037	\$ 365,277	6.7%
Net Revenue (Deficit)	\$ 6,820	\$ (174,326)	\$ (181,146)	2656.3%	\$ 7,439	\$ (215,587)	\$ (223,026)	2997.9%
<b>Long-Term Care</b>								
Revenue	\$ 31,092,585	\$ 30,566,586	\$ (525,999)	-1.7%	\$ 33,919,184	\$ 30,736,812	\$ (3,182,372)	-9.4%
Expense	\$ 37,047,579	\$ 36,353,501	\$ 694,078	1.9%	\$ 40,415,541	\$ 37,150,805	\$ 3,264,736	8.1%
Net Revenue (Deficit)	\$ (5,954,994)	\$ (5,786,915)	\$ 168,079	-2.8%	\$ (6,496,357)	\$ (6,413,993)	\$ 82,364	-1.3%
<b>Adult Behavioral Health</b>								
Revenue	\$ 10,084,915	\$ 10,248,495	\$ 163,580	1.6%	\$ 11,001,725	\$ 11,225,530	\$ 223,805	2.0%
Expense	\$ 12,432,768	\$ 11,926,461	\$ 506,307	4.1%	\$ 13,563,019	\$ 13,781,374	\$ (218,355)	-1.6%
Net Revenue (Deficit)	\$ (2,347,853)	\$ (1,677,966)	\$ 669,887	-28.5%	\$ (2,561,294)	\$ (2,555,844)	\$ 5,450	-0.2%
<b>Total Community Programs</b>								
Total Revenue	\$ 72,566,495	\$ 71,960,523	\$ (605,972)	-0.8%	\$ 79,163,449	\$ 77,038,664	\$ (2,124,785)	-2.7%
Total Expense	\$ 74,315,482	\$ 73,647,925	\$ 667,557	0.9%	\$ 81,071,435	\$ 80,225,351	\$ 846,084	1.0%
Net Revenue (Deficit)	\$ (1,748,987)	\$ (1,687,402)	\$ 61,585	-3.5%	\$ (1,907,986)	\$ (3,186,686)	\$ (1,278,701)	67.0%

Brown County Community Treatment Center  
Annual Forecast Based on YTD Financials  
November 30, 2015

Days 334  
Months 11

	Year to Date Actual				Annual Forecast			
	YTD Budget	YTD Actual	Budget Variance	% Variance	Annual Budget	2015 Forecast	Budget Variance	% Variance
			Fav (Unfav)	Fav (Unfav)			Fav (Unfav)	Fav (Unfav)
<b>Revenues</b>								
Property Tax Revenue	\$ 2,363,426	\$ 2,363,426	\$ (0)	0.0%	\$ 2,578,283	\$ 2,578,283	\$ -	0.0%
Nursing Home Supplemental Funding	\$ 696,667	\$ 705,238	\$ 8,571	1.2%	\$ 760,000	\$ 769,350	\$ 9,350	1.2%
Hospital Revenue: Inpatient	\$ 2,767,967	\$ 1,869,249	\$ (898,718)	-32.5%	\$ 3,019,600	\$ 2,067,099	\$ (952,501)	-31.5%
Hospital Revenue: Outpatient	\$ 56,420	\$ 33,890	\$ (22,530)	-39.9%	\$ 61,549	\$ 37,035	\$ (24,514)	-39.8%
Hospital Revenue: CTP Reduction of Bad Debt	\$ 836,886	\$ 769,950	\$ (66,936)	-8.0%	\$ 912,966	\$ 841,412	\$ (71,554)	-7.8%
CBBF- revenue	\$ 1,251,194	\$ 274,028	\$ (977,166)	-78.1%	\$ 1,364,939	\$ 304,476	\$ (1,060,463)	-77.7%
Nursing Home Revenues:	\$ 3,273,350	\$ 2,949,347	\$ (324,003)	-9.9%	\$ 3,570,927	\$ 3,223,612	\$ (347,315)	-9.7%
Miscellaneous Revenue	\$ 7,952	\$ 9,107	\$ 1,155	14.5%	\$ 8,675	\$ 9,952	\$ 1,277	14.7%
Resident Store	\$ 7,700	\$ 4,720	\$ (2,980)	-38.7%	\$ 8,400	\$ 5,158	\$ (3,242)	-38.6%
Rent: Land	\$ 13,588	\$ 14,580	\$ 992	7.3%	\$ 14,823	\$ 14,580	\$ (243)	-1.6%
Donations	\$ 1,742	\$ 1,215	\$ (527)	-30.2%	\$ 1,900	\$ 1,328	\$ (572)	-30.1%
Charges to County Departments	\$ 567,417	\$ 567,417	\$ 0	0.0%	\$ 619,000	\$ 619,000	\$ -	0.0%
Transfer In: HR retirees	\$ 6,232	\$ 6,799	\$ 567	9.1%	\$ 6,799	\$ 6,799	\$ -	0.0%
Capital Contributions Transfer	\$ -	\$ 18,000	\$ 18,000	#DIV/0!	\$ -	\$ 18,000	\$ 18,000	#DIV/0!
Total Revenue	\$ 11,850,539	\$ 9,586,966	\$ (2,263,573)	-19.1%	\$ 12,927,861	\$ 10,496,084	\$ (2,431,777)	-18.8%
<b>Expenses</b>								
Personnel Costs	\$ 6,406,436	\$ 6,076,901	\$ 329,535	5.1%	\$ 6,988,839	\$ 6,824,827	\$ 164,012	2.3%
Fringe Benefits	\$ 2,241,372	\$ 2,168,475	\$ 72,897	3.3%	\$ 2,445,133	\$ 2,435,364	\$ 9,769	0.4%
Training and education	\$ 8,296	\$ 683	\$ 7,613	91.8%	\$ 9,050	\$ 746	\$ 8,304	91.8%
Cost of Sales Resident Store	\$ 5,775	\$ 3,097	\$ 2,678	46.4%	\$ 6,300	\$ 3,384	\$ 2,916	46.3%
Operation and Maintenance	\$ 585,621	\$ 512,716	\$ 72,905	12.4%	\$ 638,859	\$ 558,165	\$ 80,694	12.6%
Insurance CTC Professional Liability	\$ 28,598	\$ 24,415	\$ 4,183	14.6%	\$ 31,198	\$ 23,760	\$ 7,438	23.8%
State Assessment	\$ 117,810	\$ 117,810	\$ -	0.0%	\$ 128,520	\$ 128,520	\$ -	0.0%
Telephone	\$ 9,194	\$ 7,790	\$ 1,404	15.3%	\$ 10,030	\$ 8,498	\$ 1,532	15.3%
Chargebacks	\$ 1,720,735	\$ 1,634,043	\$ 86,692	5.0%	\$ 1,877,165	\$ 1,782,592	\$ 94,573	5.0%
Contracts	\$ 386,503	\$ 560,135	\$ (173,632)	-44.9%	\$ 421,640	\$ 583,517	\$ (161,877)	-38.4%
Medical Expense.	\$ 274,588	\$ 250,963	\$ 23,625	8.6%	\$ 299,560	\$ 274,256	\$ 25,294	8.4%
Transfer out Wages	\$ 65,612	\$ 68,739	\$ (3,127)	-4.8%	\$ 71,577	\$ 77,199	\$ (5,622)	-7.9%
Depreciation	\$ 729,942	\$ 736,695	\$ (6,753)	-0.9%	\$ 796,300	\$ 803,667	\$ (7,367)	-0.9%
Disposition of fixed assets	\$ -	\$ 633	\$ (633)	#DIV/0!	\$ -	\$ 633	\$ (633)	#DIV/0!
	\$ 12,580,481	\$ 12,163,095	\$ 417,386	3.3%	\$ 13,724,161	\$ 13,505,131	\$ 219,030	1.6%
<b>Revenues vs. Expenses</b>	\$ (729,942)	\$ (2,576,129)	\$ (1,846,187)		\$ (796,300)	\$ (3,009,047)	\$ (2,212,747)	
Depreciation (not covered in budget)	\$ 729,942	\$ 736,695	\$ 6,753		\$ 796,300	\$ 803,667	\$ 7,367	
Net (without depreciation)	\$ (0)	\$ (1,839,434)	\$ (1,839,434)		\$ -	\$ (2,205,379)	\$ (2,205,379)	

NOTES:

- Based on recent correspondence.
- Major programs under budget for Avg Daily Census:  
Hospital ADC < budget YTD  
Nursing Home ADC < budget YTD  
CBBF ADC < budget YTD
- Cost of consultants, not in budget.

Budget ADC	YTD ADC	% < Budget
11.0	10.1	-8.2%
62.0	61.4	-1.0%
6.0	1.7	-71.7%

*Brown County Human Services*

Executive Director's Report to the Human Services Board & Committee

April 14, 2016

Members of the Board and Committee:

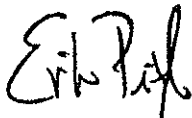
In March members of the Human Services Committee had the opportunity to review two pieces of the mental health initiative—detoxification services, and the day report center. These are part of the larger \$1,150,000 initiative approved by the County Board in November, 2015. After some questions related to the program summaries, the Human Services Committee approved these plans through resolutions. These resolutions will now go to the full County Board for approval in April. Due to the Human Services Board meeting being cancelled for March, the board did not have an opportunity to review these prior to the Human Services Committee meeting. Board members can reference these documents in the packet from March, and further discuss these efforts at the April meeting.

Improvements in the census at Nicolet Psychiatric Center and Bay Haven CBRF continued in March. Specific to Bay Haven, the statistical reports show that the month of March exceeded the budgeted target, and the average for the year is now at the budgeted level. Nicolet continues to be busy, and the staff members at the Community Treatment Center have been managing placements and transitions to meet the needs of people requiring hospitalization.

In the packet is the report from Eric Johnson, Financial Manager. As indicated in past reports, activities to close out 2015 are concluding and we will have final numbers soon. We continue to expect a significant deficit in both the Community Treatment Center and Community Programs. We do not see the same issues as of this date for 2016.

Department staff in the Child Protective Services program area presented information to the United Way Emerging Needs Committee in March. This presentation was for the purpose of providing an update to the committee on the Community Response Program, a grant funded initiative made possible through the United Way in 2015. The department is requested a second year of funding to continue the pilot program for a full year to have sufficient data for future planning. The Community Response Program has been successful in providing early intervention and outreach services to families referred to Child Protective Services, but not accepted for formal intervention.

Respectfully Submitted By:

A handwritten signature in black ink, appearing to read "Erik Pritzl".

Erik Pritzl, Executive Director



# Alcohol holds and Detoxification Services

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## **Introduction:**

Counties are responsible for providing services to meet the needs of clients under alcohol holds and /or those in need of detoxification services within the county as part of a comprehensive range of services under s. 51.42 Wisconsin Statute. Counties can enter into contracts for the use of any facility as an approved public treatment facility under s. 51.45 for the treatment of alcohol, if it is deemed an effective and economic course to follow.

The license necessary to provide medically managed inpatient detoxification services is granted under DHS 75.06. The services provided under this section include medically managed inpatient detoxification services with 24 hour per day observation and monitoring of patients in a hospital setting, with 24-hour nursing care, physician management and availability of all other resources of the hospital. Service requirements demand that the service comply with all requirements under DHS 75.03.

## **Community and Consumer Needs:**

Brown County has hospital services at Nicolet Psychiatric Center licensed to provide these services, but only in circumstances where the patient has a primary mental illness that also coincides with a detoxification need. Federal auditors at NPC in 2012 determined that stand alone detoxification for alcohol or other drugs services could only occur in a general medical hospital or a hospital with direct access to full medical service provision, and to a much limited degree in a psychiatric hospital setting. The premise for this is that individuals with a physical medical need for treatment should not be treated in the same environment as those patients with a mental health condition. Medical hospitals have a broader array of services that can manage complex medical situations that psychiatric hospitals are not equipped for. Since 2012, clients with a need of detoxification services only, or those historically needing an alcohol hold type response, have by default been presenting to emergency rooms, homeless shelters, the crisis center, or the jail when there are other relevant factors such as disorderly conduct or violence involved. No alcohol holds have been undertaken since 2012. There is a community need to address the alcohol and other drug withdrawal/detoxification needs of persons incapacitated by alcohol or other drugs, with this being an existing gap in service provision.

The overall goal of this proposal is bridge the gap in current services and to meet the emergency needs of those in need of monitoring and/or detoxification in a medically appropriate and safe setting. Many individuals that historically present with these service needs have no insurance or income, and present repeatedly for medical treatment. By providing this service, the risk to lives of individuals with these needs is reduced, law enforcement and other emergency personnel time is freed up for other business, and other crisis systems and shelters have an increasingly safe care environment to work in. The opportunity for linkage of patients to county and other community treatment for substance use disorder treatment is also increased through the offer of services when clients present with these needs under this service arrangement. Having one primary location for clients to present with these needs also offers



the opportunity for streamlining of law enforcement response and time tied up with calls. Individuals with medical insurance that are not incapacitated by alcohol or that are in need of detoxification for other drug use can still present to their own providers, and the care of these individuals should remain unchanged by these efforts. Emergency rooms will still respond to individual medical situations presenting for detoxification from other substances, such as those involving heroin/opiates these typically not being as life threatening as detoxification from alcohol.

**Assumptions:**

There are a few assumptions being made specific to this proposal:

- That currently there is only one sole source provider in the Brown County area--Bellin Hospital and Bellin Psychiatric Center.
- The Bellin Hospital system already has the necessary capacity, personnel and training necessary to provide this service in place.
- Cooperation between system partners including law enforcement, crisis staff, health care, shelters and human services is in place.
- Safety of clients with alcohol or drug withdrawal needs is better managed through provision of needed services that currently do not exist for those without resources.

**Initiative Scope:**

The reintroduction of services addressing the needs of individuals under alcohol holds and those in need of detoxification services is intended to remedy a current service gap. The monies identified for this purpose, currently \$300,000 annually, can provide for 105 treatment episodes. This is based on a rate of \$1138/day, and a 2.5 day average stay for detoxification service provision.

Some differentiation between incapacitated and intoxicated will need to occur to identify individuals for the service. Individuals that are intoxicated rather than incapacitated do not meet the threshold for an alcohol hold, and law enforcement will utilize natural supports and other community resources to meet these needs. Law enforcement utilizes a decision tree that assures the application of consistent criteria in the evaluation as to whether an individual is incapacitated, with Green Bay Police Department and Brown County Sheriff's Department having been part of the Ad-Hoc Mental Health Task force-detox sub-committee and discussion of this issue. Not all detoxification needs in the community will be addressed by this service/proposal, and some patients will be treated and discharged once stabilized at local hospitals. "Treatment" for individuals wanting AODA treatment will continue to be offered post-assessment, and in accordance with mandated Uniform Placement Criteria standards. A patient's motivation for treatment will also be assessed, as this is an important component to assure wise use of available resources. These situations are typically identified by law enforcement personnel to assure the health, safety and welfare of incapacitated individuals. It is an in the field judgment by law enforcement to determine alcohol incapacitation that leads to a need for medical clearance/ medical stabilization before detoxification services are provided. A flow chart has been developed and describes the sequence of events involved in handling individuals subject to alcohol holds involving incapacitation, and other responses to relating to intoxicated individuals.

**Initiative “Deliverables” & Costs:**

Brown County Human Services is proposing a contract with Bellin Health to provide detoxification services in 2016. The funds allotted to this project will address significant needs that have been a gap in services since 2012, when Alcohol Holds were no longer accepted at Nicolet Psychiatric Center. By having one primary door through which these services can be provided will streamline the process, and avoid persons incapacitated by alcohol from being a danger to themselves in the community.

Brown County Human Services will request that the provider collate statistical data on the County's behalf enabling the tracking of the number of patients treated for detoxification from alcohol/other substances, the number of individuals referred to treatment that accepted treatment, and the numbers that decline treatment. Services will be evaluated on an ongoing basis, and will require additional data for comprehensive process evaluation and gauging of the magnitude of system needs.

The Bellin Hospital System has the present capacity to provide services for those under alcohol holds and in need of detoxification services. AODA counselors within the Bellin system can complete AODA assessments and placement criteria recommendations, with anticipated linkage to county and other provider systems. It is anticipated that as Bellin is a sole source provider and with whom a contract can be entered into within 1-2 months and an RFP process is not required. Bellin Psychiatric Center has the existing staff, capacity and expertise to meet these needs already in place.

The estimated annual amount of \$300,000 is related to maintaining services at the current estimated level of allowing for 105 treatment episodes. By year's end, we will have data that will inform us as to the true level of detoxification need and related funding that is necessary to meet the needs of the community.

**Resources:**

The resources needed for service provision include:

- A trained provider system with available detoxification and related service capacity within the regulatory framework of DHS 75.
- Time for the establishment of a sole source contract by Human Service Department management staff.

The resources needed for service provision are available within the existing Bellin Hospital System as part of their daily operations.

**Key Events and Tasks:**

The key events and tasks associated with this include:

- The transfer of funds to accounts for expenditures.
- A signed contract in place.
- Evaluating procedure changes with law enforcement.

- Implementation of data collection to measure the success of the service provision

**Risks:**

There are some risks identified with this proposal, and these include:

- Identification and presentation of more patients in need of service than is currently budgeted.
- Potential for an increase in the number of patients in need of AODA treatment post detox, and need for more AODA counselor positions/services/drug testing.
- Resistance to change, which creates barriers to implementation.

Strategies to address these risks include:

- Working closely with law enforcement to ensure Incapacitation protocol is followed and utilization not overinflated.
- Ensuring AODA assessments are completed and Uniform Placement Criteria applied to meet the true treatment needs of patients.
- Presenting revised protocols to key system partners to get input from them.
- Evaluating protocols and agreements and using measures to carefully guide service provision here forward.

**Expected Benefits and Outcomes:**

There are data elements that will be tracked before and during service implementation. These include:

- The number of repeat users of detoxification services.
- The number of patients referred to other treatment options.
- Reduction in emergency room use by those treated for detoxification and AODA service assistance offered.
- Reduction in the number of crisis calls by patients as evidenced by Crisis Center and police call reduction for individual service users.
- Fewer Emergency Detentions
- Detox services paid for other than through use of county dollars (Insurance)
- Reduction in the number of frequent users of Detoxification services from a sub-set identified by law enforcement.

The expected benefits include:

- Fewer detoxification episodes in the jail, freeing up jail space for more serious crimes/offenders.
- Less police time spent responding to alcohol related incidents in the community, with Sheriff's Department and Green Bay Police Department Computer Aided Dispatch data being a measure of this.
- Fewer frequent users of detoxification services through successful diversion efforts to AODA treatment.

- An increase in the numbers of people entering and/or completing AODA treatment.
- A decrease in the number of people on the streets and at risk of abuse/neglect/self-neglect associated with alcohol/drug incapacitation.
- A reduction in the amount of law enforcement time shepherding individuals from one hospital or shelter to the next leaving someone in potentially life threatening alcohol withdrawal circumstances.
- Safer Shelter and Crisis Center environments devoid of clients incapacitated by alcohol/other drugs.
- Fewer related crisis calls by person presenting for detoxification services.
- A decrease in the average response time for mobile crisis calls.



# Day Report Center

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## **Introduction:**

The Day Report Center (DRC) will assist in developing necessary skills for success and return to full participation in a safe and supportive community, by providing the most effective alternative services to clients with the goal of alleviating jail population growth and reducing recidivism.

Brown County will be requesting information from vendors interested in providing an effective alternative placement service for clients involved in the Brown County Justice System. Brown County requires RFP submissions to indicate how vendors, with the information provided could operate this program. Submissions must also indicate how vendors intend to network with community agencies to address the requested programs proposed by this RFP.

## **Community and Consumer Needs:**

The overall goal of this proposal is to bring services to the persons in the criminal justice system that are appropriate for participation in pre-trial release and involvement in one of the Brown County Treatment Courts. To identify appropriate referrals, criminogenic risk and need factors must be identified.

Determination of these factors are derived from history of anti-social behavior; anti-social personality pattern; anti-social cognition; anti-social associates; family and/or marital; school and/or work; leisure and/or recreation; and substance abuse. Behavioral change is possible if offenders are provided with tailored, sequential programming that addresses individual criminogenic needs that affect the risk of recidivism. We request the treatment interventions that target criminal thinking, especially for higher-risk offenders.

Currently there are at minimum 50 pre-trial jail inmates with low-medium risk and cash bonds under \$5,000 who would benefit from outside services which are currently unavailable. In addition, participants currently enrolled with one of the Brown County Treatment Alternatives and Diversion (TAD) programs would be eligible to receive additional support and services through utilization of the DRC.

## **Estimated number of participants:**

Based on projections from the Jail and TAD department we are estimating a total referred to the DRC program to of 75-125 clients daily.

## **Core Components of DRC:**

1. Intensive Case Management – The Vendor shall develop a case treatment plan with counseling and on-site referral services and utilizes community resources as needed.
2. Monitoring UA/BA (onsite)
3. Electronic-Monitoring Program and supervision (on-site in conjunction with Brown County Jail)

4. Cognitive Behavioral programming such as Moral Recognition Therapy (MRT) and/or Cognitive Intervention programming (CGIP)
5. Medication monitoring/distribution
6. Anger Management programming
7. AODA programming
8. Job skills/employment
9. Life skills classes/self-help/psychosocial/mental health groups

**Assumptions:**

There are a few assumptions being made specific to this proposal:

- The current provider can support additional staff with training and supervision and has adequate space to provide compendium of services.
- Cooperation between system partners including law enforcement, District Attorney's office, health care and human services is in place.

**Initiative Scope:**

The DRC is intended to be a highly structured support and supervision program intended to provide services to pre-trial offenders and participants in the Brown County Treatment Court programs that require additional services and monitoring. Services will target high risk/high need behaviors such as drug abuse, impulsivity, anti-social thinking, lack of employment and education, mental health concerns (e.g. medication management) and lack of positive peer support. DRC staff will work closely with all stakeholders (i.e. Brown Co. Jail, Local Law Enforcement Agencies, District Attorney's Office, Department of Corrections Probation and Parole, ) as well as other community agencies to address the needs of the clients, address public safety concerns and provides clear structure for offenders.

The DRC will consolidate programming and provide a central point of contact and case management services for participants. The DRC will also serve two primary functions: 1) a strong supervision orientation that requires program participants to regularly report to the center staff and 2) a complement of services that are provided in-house or through referrals to community partners.

The DRC will address need areas constructed around a correctional case management core. Day to day accountability is provided through drug testing, reporting, and correctional case management, counseling and treatment services, including AODA, parenting, domestic violence intervention, cognitive anger management, cognitive intervention programming, income management, education and employment readiness, community support networks and continuing care services.

**Initiative "Deliverables" & Costs:**

Offenders will be referred to various components of the program based on the intake assessment.

1. Use Actuarial-Based Assessment Instruments
2. Provide Sustained Case Planning/Management in the Community

- a. Target criminogenic needs that affect recidivism
  - b. Use of consistent pre and post-release case management that is sustained over a period of at least six months
3. Support a Comprehensive Range of Services to Offenders
4. Use Evidence Based Programming

**Resources:**

Contracted vendor will be responsible for the capital and operating expenses of the facility. This includes:

- Offices/office space for case managers
- Adequate facilities for urinalysis rooms
- Interview room
- Space for multipurpose/classrooms (i.e. space to be utilized by community providers)
- Accessible to public transportation
- Resources for training staff
- Offender assessment tools
- Liaison for medication management/distribution
- Coordination with community treatment providers (Release of Information)

The resources needed for effective expansion include:

- A pool of applicants that meets basic qualifications
- Time for supervisors and managers to be involved in the screening and interviewing of applicants
- Physical space for new staff
- Resources for training new staff
- Time for existing staff to provide job shadowing experiences

The resources needed for expansion are available due to the current program operations.

**Key Events and Tasks:**

The key events and tasks associated with this include:

- Screening vendors
- A signed contract in place
- The transfer of funds to accounts for expenditures
- On-going education for stakeholders
- Completing training including web-based courses and job-shadowing
- Evaluating procedure changes with all involved stakeholders

**Risks:**

There are some risks identified with this proposal, and these include:

- Resistance to change, which creates barriers to implementation.
- Restricted access to community settings, which could reduce availability to the person in crisis.
- Participant failure to comply with court directions, monitoring and supervision.
- Re-offense

Strategies to address these risks include:

- Working closely with stakeholders to ensure participant compliance with court directives.
- Continuous evaluation of the DRC program and addressing in-efficiencies.
- Quarterly cost benefits analysis of services.
- Presenting revised protocols to key system partners to get input from them.
- Evaluating protocols and agreements to gain access to most community settings.

**Expected Benefits and Outcomes:**

There are data elements that will be tracked before and during service implementation. These include:

- Pre-trial jail population
- Increased compliance with treatment follow-through and completion
- Number of probation referrals
- Expanding access to services
- Number of law enforcement contact with targeted population
- Number of emergency hospital visits and ancillary crisis services

The expected benefits include:

- A reduction in the amount of law enforcement contact with targeted population
- Reduction of pre-trial jail population
- Reduction of all judicial resources
- Reduction in number of probation referrals
- Reduction of emergency hospital visits and ancillary crisis services
- Increased compliance with treatment follow-through and completion
- Expanding access to services



## **NPC Monthly Report**

1. **Patient Care Issues**- There are no new concerns to report.
2. **Contracted Services Issues**- We have initiated our pharmacy services RFP. Our current contract with Streus Pharmacy expires on June 27, 2016.
3. **Summary of patient complaints**- We received two patient complaints during the month of February on NPC. One patient complaint was in relation to permission for police entry and force within his home to initiate the EM-1 process, prior to admission to NPC. The client was educated on his rights to file a complaint and directed to the proper venue. The other complaint was in relation to the intake process in which the client's valuables were secured. The client was educated on the intake process and procedure and expressed his understanding when he was in a more stable state during his stay. Both complaints were unsubstantiated.
4. **Federal/State Regulatory Concerns**- A CLIA Lab inspection was conducted on 01/27/2016. Five citations of low scope and severity were cited. A plan of correction was submitted on 02/26/2016. We are anticipating a desk review to be completed prior to recertification for two years of continued operation.
5. **Approval of Medical Staff appointments**- There are no new medical staff appointment requests this month.
6. **Other Business**- We have revised our QAPI monthly/quarterly agenda process and Board reporting. We are facilitating our first department level presentation on department level services and quality initiatives at this meeting. Meghann Reetz-Norton, MPH, RD, CD will be presenting tonight as the Food and Nutritional Services Manager on Food Services at the CTC.

*Respectfully submitted by:*

Luke Schubert, NHA: Hospital and Nursing Home Administrator

## **NPC March Monthly Report**

1. **Patient Care Issues**- There are no new concerns to report.
2. **Contracted Services Issues**- We have initiated approval for our pharmacy services RFP. Our current contract with Streus Pharmacy expires on June 27, 2016.
3. **Summary of patient complaints**- We received seven patient complaints during the month of March. All were unsubstantiated. One client filed multiple complaints. There were no significant root cause trends with the complaints. Staff were educated as appropriate. Investigations were complete thoroughly and timely with effective follow up resolution.
4. **Federal/State Regulatory Concerns**- A CLIA Lab inspection was conducted on 01/27/2016. Five citations of low scope and severity were cited. A plan of correction was submitted on 02/26/2016 and the lab was re-certified.
5. **Approval of Medical Staff appointments**- There are no new medical staff appointment requests this month.
6. **Other Business**- We have revised our QAPI monthly/quarterly agenda process and Board reporting. Meghann Reetz-Norton, MPH, RD, CD will be presenting tonight as the Food and Nutritional Services Manager on Food Services at the CTC.

Bayshore Village has been awarded a grant from DHS to offer our Music and Memory program facility wide to any resident with a Dementia diagnosis on a psychotropic.

The CTC lab will be expanding our volume of reference lab processing within our existing contract with Bellin outreach lab. The CTC will be de-certifying as a CLIA approved lab with the retirement of our Lab Director effective 04/30/2016.

*Respectfully submitted by:*  
*Luke Schubert, NHA*  
*Hospital and Nursing Home Administrator*

## BROWN COUNTY HUMAN SERVICES

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Erik Pritzl, Executive Director

To: Human Services Board, Human Services Committee

Date: April 5, 2016

Subject: Status of 2015 year-end and YTD 2016 accounting through February

### Community Treatment Center

As of the date of this report, Community Treatment Center (CTC) accounting is closed for 2015 except for possible final administrative or audit adjustments. Based on these preliminary financials, 2015 annual results for CTC are anticipated to be \$2.2 million unfavorable compared to budget which is very close to the most recently presented year end projection. This is due primarily to significantly lower than budgeted Hospital and CBRF census, even though both increased during the final months of 2015 with operating results close to average monthly budget for the last 5 months of the year.

Year to Date accounting for 2016 is still in progress for CTC with expenses showing slightly over budget with revenues also expected to be over budget due to higher Hospital and CBRF census. This should result in overall financial results near budget for the first two months of 2016. March YTD average daily census for the Hospital and CBRF compared to 2014 are shown below for reference and the Nursing Home continues to be full.

	<u>2016 YTD</u>	<u>2015 Annual</u>
Nicolet Hospital	10.7	10.1
Bay Haven CBRF	3.6	1.7

### Community Programs

Final claiming from the state of Wisconsin for 2015 was completed in March after the accounts payable system was closed for contracted provider payments in February. Final expenses for the year are anticipated to be less than anticipated in the most recent year-end projection, but revenues from claims which are based on expense are also expected to be lower. Based on currently available information, Community Programs is expected to end the year for 2015 close to the most recent projection of \$1.3 million unfavorable compared to budget as explained in previous reports.

Preliminary February 2016 YTD financials show personnel costs 2.2% below budget and purchased services also below budget. Based on lower expenses, however, state claims revenue will also be lower than budget. These impacts should generally offset resulting in YTD 2016 financials close to budget for Community Programs through February as well.

Respectfully Submitted,

Eric Johnson  
Finance Manager



**BROWN COUNTY COMMUNITY TREATMENT CENTER  
FEBRUARY 2016 BAY HAVEN STATISTICS**

ADMISSIONS	February	YTD 2016	YTD 2015
Voluntary - Mental Illness	20	30	29
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	0	0
Police Protective Custody - Alcohol	0	0	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	0	0	0
Court Order Prelim. - Mental Illness	0	0	0
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	0	0	0
Commitment - Mental Illness	0	0	0
Return from Conditional Release	0	0	0
Court Order Prelim. - Drug	0	0	0
Other	0	0	0
<b>TOTAL</b>	<b>20</b>	<b>30</b>	<b>29</b>

ADMISSIONS BY UNITS			
Bay Haven	20	30	29
<b>TOTAL</b>	<b>20</b>	<b>30</b>	<b>29</b>

ADMISSIONS BY COUNTY			
Brown	18	25	23
Door	2	2	0
Kewaunee	0	0	2
Oconto	0	0	0
Marinette	0	0	0
Shawano	0	2	2
Waupaca	0	0	0
Menominee	0	0	0
Outagamie	0	0	1
Manitowoc	0	0	1
Winnebago	0	0	0
Other	0	1	0
<b>TOTAL</b>	<b>20</b>	<b>30</b>	<b>29</b>

NEW ADMISSIONS			
Bay Haven	16	23	25
<b>TOTAL</b>	<b>16</b>	<b>23</b>	<b>25</b>

READMIT WITHIN 30 DAYS			
Bay Haven	0	1	1
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>1</b>

AVERAGE DAILY CENSUS	February	YTD 2016	YTD 2015
Bay Haven	3.7	2.8	1.4
<b>TOTAL</b>	<b>3.7</b>	<b>2.8</b>	<b>1.4</b>

INPATIENT SERVICE DAYS			
Bay Haven	108	166	84
<b>TOTAL</b>	<b>108</b>	<b>166</b>	<b>84</b>

BED OCCUPANCY			
Bay Haven	25%	18%	9%
<b>TOTAL (15 Beds)</b>	<b>25%</b>	<b>18%</b>	<b>9%</b>

DISCHARGES			
Bay Haven	16	28	29
<b>TOTAL</b>	<b>16</b>	<b>28</b>	<b>29</b>

DISCHARGE DAYS			
Bay Haven	64	124	87
<b>TOTAL</b>	<b>64</b>	<b>124</b>	<b>87</b>

AVERAGE LENGTH OF STAY			
Bay Haven	4	4	3
<b>TOTAL</b>	<b>4</b>	<b>4</b>	<b>3</b>

AVERAGE LENGTH OF STAY BY COUNTY			
Brown	5	5	3
Door	11	6	0
Kewaunee	0	0	2
Oconto	0	0	0
Marinette	0	0	0
Shawano	3	4	7
Waupaca	0	0	0
Menominee	0	0	0
Outagamie	0	0	3
Manitowoc	0	0	1
Winnebago	0	0	0
Other	0	1	1
<b>TOTAL</b>	<b>5</b>	<b>5</b>	<b>3</b>

In/Outs	Current	YTD 2016	2015
	0	0	0



**BROWN COUNTY COMMUNITY TREATMENT CENTER  
MARCH 2016 BAY HAVEN STATISTICS**

ADMISSIONS	March	YTD 2016	YTD 2015
Voluntary - Mental Illness	25	55	42
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	0	0
Police Protective Custody - Alcohol	0	0	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	0	0	0
Court Order Prelim. - Mental Illness	0	0	0
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	0	0	0
Commitment - Mental Illness	0	0	0
Return from Conditional Release	0	0	0
Court Order Prelim. - Drug	0	0	0
Other	0	0	0
<b>TOTAL</b>	<b>25</b>	<b>55</b>	<b>42</b>

AVERAGE DAILY CENSUS	March	YTD 2016	YTD 2015
Bay Haven	5.3	3.6	1.4
<b>TOTAL</b>	<b>5.3</b>	<b>3.6</b>	<b>1.4</b>

INPATIENT SERVICE DAYS			
Bay Haven	163	329	130
<b>TOTAL</b>	<b>163</b>	<b>329</b>	<b>130</b>

BED OCCUPANCY			
Bay Haven	35%	24%	10%
<b>TOTAL (15 Beds)</b>	<b>35%</b>	<b>24%</b>	<b>10%</b>

DISCHARGES			
Bay Haven	30	58	41
<b>TOTAL</b>	<b>30</b>	<b>58</b>	<b>41</b>

DISCHARGE DAYS			
Bay Haven	210	334	128
<b>TOTAL</b>	<b>210</b>	<b>334</b>	<b>128</b>

ADMISSIONS			
Bay Haven	25	55	42
<b>TOTAL</b>	<b>25</b>	<b>55</b>	<b>42</b>

AVERAGE LENGTH OF STAY			
Bay Haven	7.0	5.8	3.1
<b>TOTAL</b>	<b>7.0</b>	<b>5.8</b>	<b>3.1</b>

ADMISSIONS BY COUNTY			
Brown	23	48	33
Door	0	2	1
Kewaunee	0	0	3
Oconto	1	1	0
Marinette	0	0	0
Shawano	0	2	3
Waupaca	0	0	0
Menominee	0	0	0
Outagamie	1	1	1
Manitowoc	0	0	1
Winnebago	0	0	0
Other	0	1	0
<b>TOTAL</b>	<b>25</b>	<b>55</b>	<b>42</b>

AVERAGE LENGTH OF STAY BY COUNTY			
Brown	6	6	3
Door	22	14	1
Kewaunee	0	0	2
Oconto	2	1	0
Marinette	0	0	0
Shawano	0	2	6
Waupaca	0	0	0
Menominee	0	0	0
Outagamie	1	1	1
Manitowoc	0	0	1
Winnebago	0	0	0
Other	0	1	1
<b>TOTAL</b>	<b>7</b>	<b>6</b>	<b>3</b>

NEW ADMISSIONS			
Bay Haven	22	45	36
<b>TOTAL</b>	<b>22</b>	<b>45</b>	<b>36</b>

In/Outs	Current	YTD	2015
	3	3	1

READMIT WITHIN 30 DAYS			
Bay Haven	1	2	1
<b>TOTAL</b>	<b>1</b>	<b>2</b>	<b>1</b>

**BROWN COUNTY COMMUNITY TREATMENT CENTER  
FEBRUARY 2016 NICOLET PSYCHIATRIC CENTER STATISTICS**

ADMISSIONS	February	YTD 2016	YTD 2015
Voluntary - Mental Illness	15	34	39
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	0	0
Police Protective Custody - Alcohol	0	0	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	57	108	107
Court Order Prelim. - Mental Illness	0	0	0
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	0	4	1
Commitment - Mental Illness	0	0	0
Return from Conditional Release	6	9	19
Court Order Prelim. - Drug	0	0	0
Other	0	0	0
<b>TOTAL</b>	<b>78</b>	<b>155</b>	<b>166</b>

ADMISSIONS BY UNITS			
Nicolet	78	155	166
<b>TOTAL</b>	<b>78</b>	<b>155</b>	<b>166</b>

ADMISSIONS BY COUNTY			
Brown	62	117	115
Door	1	4	6
Kewaunee	3	4	4
Oconto	3	7	6
Marinette	1	2	8
Shawano	1	1	8
Waupaca	0	2	1
Menominee	1	3	2
Outagamie	1	2	2
Manitowoc	3	6	11
Winnebago	0	1	0
Other	2	6	3
<b>TOTAL</b>	<b>78</b>	<b>155</b>	<b>166</b>

NEW ADMISSIONS			
Nicolet	43	79	71
<b>TOTAL</b>	<b>43</b>	<b>79</b>	<b>71</b>

READMIT WITHIN 30 DAYS			
Nicolet	9	18	23
<b>TOTAL</b>	<b>9</b>	<b>18</b>	<b>23</b>

AVERAGE DAILY CENSUS	February	YTD 2016	YTD 2015
Nicolet	11.3	10.9	9.6
<b>TOTAL</b>	<b>11.3</b>	<b>10.9</b>	<b>9.6</b>

INPATIENT SERVICE DAYS			
Nicolet	327	655	577
<b>TOTAL</b>	<b>327</b>	<b>655</b>	<b>577</b>

BED OCCUPANCY			
Nicolet (16 beds)	70%	68%	61%
<b>TOTAL (16 Beds)</b>	<b>70%</b>	<b>68%</b>	<b>61%</b>

DISCHARGES			
Nicolet	80	151	167
<b>TOTAL</b>	<b>80</b>	<b>151</b>	<b>167</b>

DISCHARGE DAYS			
Nicolet	341	624	541
<b>TOTAL</b>	<b>341</b>	<b>624</b>	<b>541</b>

AVERAGE LENGTH OF STAY			
Nicolet	4	4	3
<b>TOTAL</b>	<b>4</b>	<b>4</b>	<b>3</b>

AVERAGE LENGTH OF STAY BY COUNTY			
Brown	5	5	4
Door	7	6	2
Kewaunee	4	3	4
Oconto	5	4	3
Marinette	3	8	2
Shawano	5	8	4
Waupaca	0	4	1
Menominee	4	4	3
Outagamie	5	4	5
Manitowoc	4	5	4
Winnebago	0	2	0
Other	3.5	5	4
<b>TOTAL</b>	<b>4</b>	<b>4</b>	<b>4</b>

In/Outs	Current	YTD 2016	2015
	3	8	9

**BROWN COUNTY COMMUNITY TREATMENT CENTER  
MARCH 2016 NICOLET PSYCHIATRIC CENTER STATISTICS**

ADMISSIONS	March	YTD 2016	YTD 2015
Voluntary - Mental Illness	16	50	45
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	0	0
Police Protective Custody - Alcohol	0	0	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	55	163	170
Court Order Prelim. - Mental Illness	0	0	0
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	3	7	4
Commitment - Mental Illness	0	0	0
Return from Conditional Release	10	19	25
Court Order Prelim. - Drug	0	0	0
Other	0	0	0
<b>TOTAL</b>	<b>84</b>	<b>239</b>	<b>244</b>

AVERAGE DAILY CENSUS	March	YTD 2016	YTD 2015
Nicolet	10.4	10.7	10.1
<b>TOTAL</b>	<b>10.4</b>	<b>10.7</b>	<b>10.1</b>

INPATIENT SERVICE DAYS	March	YTD 2016	YTD 2015
Nicolet	322	977	920
<b>TOTAL</b>	<b>322</b>	<b>977</b>	<b>920</b>

BED OCCUPANCY	March	YTD 2016	YTD 2015
Nicolet	65%	67%	64%
<b>TOTAL (16 Beds)</b>	<b>65%</b>	<b>67%</b>	<b>64%</b>

DISCHARGES	March	YTD 2016	YTD 2015
Nicolet	83	234	249
<b>TOTAL</b>	<b>83</b>	<b>234</b>	<b>249</b>

DISCHARGE DAYS	March	YTD 2016	YTD 2015
Nicolet	349	973	933
<b>TOTAL</b>	<b>349</b>	<b>973</b>	<b>933</b>

ADMISSIONS	March	YTD 2016	YTD 2015
Nicolet	84	239	244
<b>TOTAL</b>	<b>84</b>	<b>239</b>	<b>244</b>

AVERAGE LENGTH OF STAY	March	YTD 2016	YTD 2015
Nicolet	4.2	4.2	3.7
<b>TOTAL</b>	<b>4.2</b>	<b>4.2</b>	<b>3.7</b>

ADMISSIONS BY COUNTY	March	YTD 2016	YTD 2015
Brown	65	182	172
Door	2	6	7
Kewaunee	4	8	4
Oconto	3	10	9
Marinette	1	3	11
Shawano	2	3	10
Waupaca	0	2	1
Menominee	0	3	2
Outagamie	1	3	3
Manitowoc	4	10	15
Winnebago	0	1	0
Other	2	8	10
<b>TOTAL</b>	<b>84</b>	<b>239</b>	<b>244</b>

AVERAGE LENGTH OF STAY BY COUNTY	March	YTD 2016	YTD 2015
Brown	4	4	4
Door	3	5	2
Kewaunee	4	3	2
Oconto	2	3	5
Marinette	4	6	4
Shawano	8	8	5
Waupaca	0	2	2
Menominee	0	2	2
Outagamie	6	5	3
Manitowoc	3	4	4
Winnebago	0	1	0
Other	3	4	3
<b>TOTAL</b>	<b>4</b>	<b>4</b>	<b>4</b>

NEW ADMISSIONS	March	YTD 2016	YTD 2015
Nicolet	46	125	111
<b>TOTAL</b>	<b>46</b>	<b>125</b>	<b>111</b>

In/Outs	Current	YTD	2015
	4	12	13

READMIT WITHIN 30 DAYS	March	YTD 2016	YTD 2015
Nicolet	8	26	37
<b>TOTAL</b>	<b>8</b>	<b>26</b>	<b>37</b>

**BELLIN PSYCHIATRIC CENTER  
INVOLUNTARY AND VOLUNTARY CHILD/ADOLESCENT ADMISSIONS**

	Mar. 2014	Mar. 2015	Mar. 2016
<b>VOLUNTARY ADMISSIONS</b>	22	16	28
<b>INVOLUNTARY ADMISSIONS</b>	7	16	8
<b>VOLUNTARY INPATIENT DAYS</b>	101	86	107
<b>INVOLUNTARY INPATIENT DAYS</b>	42	77	26
<b>VOL. AV. LENGTH OF STAY</b>	4.59	5.4	4.44
<b>INVOL AV. LENGTH OF STAY</b>	6	4.81	4.33

	Feb. 2014	Feb. 2015	Feb. 2016
<b>VOLUNTARY ADMISSIONS</b>	21	17	21
<b>INVOLUNTARY ADMISSIONS</b>	23	5	5
<b>VOLUNTARY INPATIENT DAYS</b>	111	68.51	96.2
<b>INVOLUNTARY INPATIENT DAYS</b>	123	30	39
<b>VOL. AV. LENGTH OF STAY</b>	4.63	4.03	4
<b>INVOL AV. LENGTH OF STAY</b>	5.34	6	5.6

**Report of Child Abuse/Neglect by Month**

Month	2014	2015	2016	% Change from 2015 to 2016
January	404	415	435	4.82 %
February	433	432	463	6.19 %
March	431	460		
April	487	455		
May	470	422		
June	345	330		
July	311	312		
August	298	282		
September	439	420		
October	461	440		
November	320	426		
December	397	415		
Total	4796	4809		

**Reports Investigated by Month**

Month	2014	2015	2016	% Increase from 2015 to 2016
January	153	146	163	11.64%
February	140	141	139	-1.42 %
March	160	161		
April	168	144		
May	164	147		
June	143	143		
July	139	113		
August	116	113		
September	164	150		
October	165	141		
November	128	100		
December	137	121		
Total	1777	1620		



**HUMAN SERVICES**  
**2016 CONTRACT STATUS LOG - 3/14/2016**

Agency	Contract Sent	Contract Returned	Original Contract Amount	Updated Contract Amount
ACCEPTIONAL MINDS LLC	1/7/2016	1/15/16	\$75,000	\$75,000
ADAMS, L AFH	11/30/15	1/5/16	\$111,218	\$111,218
ADVOCATES FOR HEALTHY TRANSITIONAL LIVING LLC	1/19/16	1/26/16	\$275,000	\$275,000
ADVOCATES, EXTENSION LLC	1/19/16	1/26/16	\$700,000	\$707,500
AGNESIAN HEALTHCARE INC	11/30/15	1/11/16	\$22,100	\$22,100
AMERICAN FOUNDATION OF COUNSELING	12/7/15	1/11/16	\$100,000	\$100,000
ANDERSON CAMPBELL EDUCATIONAL TEACHING (ACE)	11/17/15	1/11/16	\$24,000	\$24,000
ANGELS ON ARCADIAN		1/28/16	\$150,000	\$150,000
ANNA'S HEALTHCARE (COUNTRY LIVING)	11/30/15	1/19/16	\$180,000	\$180,000
ASPIRO INC	12/17/15	1/4/16	\$414,500	\$429,500
BELLIN HEALTH OCCUPATIONAL HEALTH SOLUTIONS	11/30/15	1/19/16	\$25,000	\$25,000
BELLIN PSYCHIATRIC CENTER	1/25/16	2/8/16	\$10,000	\$10,000
BENNIN, MARILYN	12/1/15	1/14/16	\$9,000	\$9,000
BETTER DAYS MENTORING	12/21/15	1/5/16	\$25,000	\$25,000
BOLL ADULT CARE CONCEPTS	12/17/15	12/29/15	\$825,000	\$825,000
BROTOLOC HEALTH CARE SYSTEMS	11/30/15	1/14/16	\$558,000	\$558,000
CARE FOR ALL AGES (CFAA)	11/30/15	1/11/16	\$50,000	\$50,000
CATHOLIC CHARITIES	11/30/15	12/21/15	\$169,406	\$169,406
CENTERPIECE LLC	11/30/15	12/11/15	\$190,000	\$190,000
CEREBRAL PALSY INC.	12/17/15	12/29/15	\$314,500	\$314,500
CHILDRENS SERVICE SOCIETY	12/7/15	12/29/15	\$25,000	\$25,000
CHILEDIA INSTITUTE, INC.	1/14/16	1/25/16	\$175,000	\$175,000
CLARITY CARE INC	12/16/15	1/28/16	\$53,000	\$53,000
CURATIVE CONNECTIONS (NEW CURATIVE)	12/17/15	1/7/16	\$257,000	\$257,000
CURO CARE LLC	11/30/15	12/29/15	\$200,000	\$200,000
DARNELL RECEIVING HOME	12/7/15	12/21/15	\$19,710	\$19,710
DEER PATH ASSISTED LIVING INC	11/30/15	1/12/16	\$300,000	\$315,500
DODGE COUNTY (DBA CLEARVIEW)	11/30/15	1/4/16	\$285,000	\$285,000
DYNAMIC FAMILY SOLUTIONS	12/29/15	1/19/16	\$155,000	\$155,000
EAST SHORE INDUSTRIES	11/30/15	1/11/16	\$10,000	\$10,000
ELSNER AFH	1/18/16	1/25/16	\$15,826	\$15,826
ENCOMPASS CHILD CARE	11/30/15	12/21/15	\$70,000	\$70,000
ENGBERG AFH	11/30/15	12/7/15	\$15,852	\$15,852
FAMILY SERVICE OF NORTHEAST WI, INC.	12/17/15	12/29/15	\$2,440,015	\$2,440,015
FAMILY TRAINING PROGRAM	12/29/15	1/11/16	\$155,000	\$155,000
GOLDEN HOUSE	12/1/15	12/11/15	\$63,086	\$63,086
GONZALEZ AFH	11/30/15	1/14/16	\$50,300	\$50,300
GOODWILL INDUSTRIES	12/1/15	12/21/15	\$6,000	\$6,000
GREEN BAY TRANSIT COMMISSION NO CONTRACT	---	---	\$15,000	\$15,000
HELPING HANDS CAREGIVERS	12/1/15	1/11/16	\$10,000	\$10,000
HOME INSTEAD SENIOR CARE	12/1/15	1/4/16	\$10,000	\$10,000
HOMES FOR INDEPENDENT LIVING	12/1/15	1/4/16	\$260,000	\$260,000
IMPROVED LIVING SERVICES	12/1/15	12/14/15	\$331,000	\$331,000
INFINITY CARE INC	12/1/15	12/8/15	\$130,000	\$130,000
INNOVATIVE COUNSELING	12/1/15	1/19/16	\$10,000	\$10,000
INNOVATIVE SERVICES	1/4/16	1/14/16	\$1,814,200	\$1,814,200
KCC FISCAL AGENT SERVICES	12/8/15	12/29/15	\$800,000	\$800,000
KLEIN, DR.	12/1/15	12/10/15	\$535,000	\$535,000
KRUEGER RECEIVING HOME	12/7/15	12/29/15	\$13,140	\$13,140
LAC DU FLAMBEAU LAKE SUPERIOR CHIPPEWA INDIANS	3/14/16		\$50,000	\$50,000
LAD LAKE	12/1/15	1/4/16	\$40,000	\$40,000
LAMERS BUS LINES, INC.	12/1/15	12/21/15	\$25,000	\$25,000
LISKA, JOANN	11/30/15	12/29/15	\$5,000	\$5,000
LUND VAN DYKE INC	12/1/15	12/16/15	\$375,000	\$375,000
LUTHERAN SOCIAL SERVICES	1/18/16	1/28/16	\$765,000	\$765,000
MACHT VILLAGE PROGRAMS INC	12/1/15	1/11/16	\$800,000	\$800,000
MATTHEWS SENIOR LIVING	12/1/15	1/7/16	\$100,000	\$100,000
MCCORMICK MEMORIAL HOME	12/1/15	1/7/16	\$162,500	\$162,500
MYSTIC MEADOWS LLC	12/1/15	12/10/15	\$200,000	\$200,000

**HUMAN SERVICES**  
**2016 CONTRACT STATUS LOG - 3/14/2016**

Agency	Contract Sent	Contract Returned	Original Contract Amount	Updated Contract Amount
NEW COMMUNITY SHELTER INC	12/1/15	12/29/15	\$40,000	\$40,000
NORTHWEST PASSAGE	12/1/15	12/15/15	\$125,000	\$125,000
OPTIONS FOR INDEPENDENT LIVING INC	12/1/15	12/11/15	\$15,000	\$15,000
OPTIONS LAB INC	12/1/15	12/21/15	\$40,000	\$40,000
OPTIONS TREATMENT PROGRAM	12/17/15	1/25/16	\$175,000	\$175,000
PARAGON INDUSTRIES	12/1/15	1/14/16	\$125,000	\$125,000
PARENT TEAM	12/1/15	12/11/15	\$200,000	\$200,000
PARMENTIER AFH	11/30/15	12/10/15	\$44,217	\$44,217
PHOENIX BEHAVIORAL HEALTH SERVICES	12/1/15	12/8/15	\$40,000	\$40,000
PNUMA HEALTH CARE	12/1/15	12/10/15	\$200,000	\$200,000
PRODUCTIVE LIVING SYSTEMS	1/12/16	1/29/16	\$325,000	\$325,000
RAVENWOOD BEHAVIORAL HEALTH	12/1/15	1/11/16	\$100,000	\$100,000
REHAB RESOURCES	12/17/15	1/4/16	\$200,000	\$200,000
REM WISCONSIN	12/8/15	12/21/15	\$267,500	\$286,535
RES-CARE WISCONSIN	12/17/15	1/4/16	\$10,000	\$10,000
SCHAUMBURG, LAURIE	11/30/15	2/8/16	\$25,000	\$25,000
SLAGHT AFH	11/30/15	1/12/16	\$48,452	\$48,452
SMET AFH	11/30/15	12/29/15	\$59,371	\$59,371
SOUTHERN HOME CARE SERVICES	12/17/15	1/4/16		\$0
SPECTRUM BEHAVIORAL HEALTH	1/26/16	2/23/16	\$50,000	\$50,000
ST. VINCENT HOSPITAL	12/17/15	1/28/16	\$100,000	\$100,000
TALBOT AFH	11/30/15	12/29/15	\$6,000	\$6,000
TOMORROW'S CHILDREN INC	12/21/15	12/30/15	\$100,000	\$100,000
TREMPEALEAU	12/3/15	12/14/15	\$1,166,000	\$1,166,000
VANLANEN RECEIVING HOME	12/7/15	1/7/16	\$19,710	\$19,710
VILLA HOPE	12/3/15	12/29/15	\$1,589,472	\$1,589,472
WARREN, JOHN MD	12/1/15	12/21/15	\$200,000	\$200,000
WISCONSIN EARLY AUTISM PROJECT	12/3/15	12/15/15	\$370,000	\$370,000
WISCONSIN FAMILY TIES	12/3/15	12/21/15	\$26,000	\$26,000
TOTAL			\$20,641,075	\$20,698,110

Brown County Human Services

TO: Human Service Committee Members

FROM: Lori Gauthier  
Administrative Secretary

DATE: February 15, 2016

REQUEST FOR NEW NON-CONTINUOUS VENDOR			
VENDOR	SERVICES	DATE REQUESTED	DATE APPROVED
Individual	Rent	1/28/16	
Peanut Gallery Child Care	Day Care	2/8/16	

Brown County Human Services

TO: Human Service Committee Members

FROM: Lori Gauthier  
Administrative Secretary

DATE: March 14, 2016

REQUEST FOR NEW NON-CONTINUOUS VENDOR			
VENDOR	SERVICES	DATE REQUESTED	DATE APPROVED
Individual	Family Support	2/16/16	
Individual	Family Support	2/16/16	
Individual	Family Support	2/22/16	
VARC	Work Services	2/29/16	
Individual	Landlord	3/2/16	

Brown County Human Services

TO: Human Services Committee Members

FROM: Lori Gauthier  
Administrative Secretary

DATE: March 14, 2016

REQUEST FOR NEW VENDOR CONTRACT				
VENDOR	SERVICES	CONTRACT AMOUNT	DATE REQUESTED	DATE APPROVED
Lac du Flambeau Lake Superior Chippewa Indians	Gookomis Endaad AODA Residential Treatment	\$50,000	3/14/16	